

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: O'MALLEYS GOLDEN YEARS (0010097)

Address: 825 SOUTHBOUND DR, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 12/01/2003

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096082 **End Date:** 12/15/2005 **Type:** STANDARD **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095225 **End Date:** 07/07/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008251 Served 07/21/2005

Deficiencies Cited

13.05(2)
83.19(1)(d)
83.19(3)(c)
83.21(4)(p)
83.32(2)(a)

Subject Area

CLIENT PROTECTION
PHYSICAL OR MENTAL CONDITION
INVESTIGATE ALLEGATION
PROMPT AND ADEQUATE TREATMENT
INDIVIDUALIZED SERVICE PLAN-SCOPE

Compliance

Verified
06/02/2006

Corrected

Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0091531 **End Date:** 11/11/2003 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007901 Served 11/18/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.33(2)(c)	LEISURE TIME ACTIVITIES	07/07/2005	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	07/07/2005	Yes
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	07/07/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 07/18/2005 SOD #10008251 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.19(1)(d)
FORFEITURE---83.19(3)(c)
FORFEITURE---83.21(4)(p)
FORFEITURE---83.32(2)(a)

Date: 11/18/2003 SOD #10007901 Appealed: Yes Decision: STIPULATION

Sanctions

PROVIDE TRAINING
FORFEITURE---83.32(2)(a)
FORFEITURE---83.33(2)(c)
FORFEITURE---83.33(2)(g)3

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 03/14/2006

Date Investigation Completed: 06/02/2006

Subject Area(s)
MEDICATIONS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/05/2005

Date Investigation Completed: 12/15/2005

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
NOT RECORDED

Date Complaint Received: 08/30/2005

Date Investigation Completed: 12/15/2005

Subject Area(s)
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/23/2005

Date Investigation Completed: 07/07/2005

Subject Area(s)
STAFF ADEQUACY
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #
10008251

Date Complaint Received: 07/07/2003

Date Investigation Completed: 11/12/2003

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.